

**REQUEST FOR A DUPLICATE
MOTOR VEHICLE REGISTRATION**

B-341 NEW 5-2005

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS DIVISION
On The Web At ct.gov/dmv



INSTRUCTIONS:

1. Complete this form in its entirety.
2. Make a \$20 check out to "DMV". **DO NOT SEND CASH.**
3. Sign the form at the bottom and mail the form and your check to:
*Department of Motor Vehicles, Customized Services - Duplicate Registration,
60 State Street, Wethersfield, Connecticut 06161.*

VALIDATED ABOVE BY DMV

LICENSE PLATE NUMBER

DAYTIME PHONE NUMBER

ASK FOR *(Name of contact person)*

NAME(S) ON REGISTRATION

ADDRESS ON REGISTRATION

MAILING ADDRESS *(If different)*

SIGNATURE OF APPLICANT

DATE SIGNED

X